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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214520768 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: NAMI-Virginia 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PATRICK R HANES 200 SOUTH 10TH STREET, SUITE 1600 P.O. BOX 1320 RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA </div> <div style="width: 35%; text-align: right;"> DUE DATE: 3/31/2014 SCC ID NO: 02542280 5.) STOCK INFORMATION <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> CLASS AUTHORIZED </div> </div> </div> | | |
| 6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 2112 W. LABURNUM AVE., SUITE 204 CITY/ST/ZIP: RICHMOND, VA 23227 </div> | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | |
| NAME: BOB CLUCK TITLE: DIRECTOR ADDRESS: 2258 MARGINELLA DR. CITY/ST/ZIP/CO: RESTON, VA 20191 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: KRISTIN YAVORSKY TITLE: SECOND VP ADDRESS: PO BOX 8585 CITY/ST/ZIP/CO: RICHMOND, VA 23226 | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: BARBARA COLLINS TITLE: PRESIDENT ADDRESS: 335-E ST. THOMAS DR. CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606 | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: CHRISTINA DORMSTETTER-O'KEEFE TITLE: DIRECTOR ADDRESS: 2126 MEMORIAL AVE. CITY/ST/ZIP/CO: ROANOKE, VA 24015 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: LINDA GURLEY TITLE: DIRECTOR ADDRESS: 494 CROSSINGS CT. CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23608 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: SANDRA MOTTESHEARD TITLE: DIRECTOR ADDRESS: 6614 LAKE VIEW DR. CITY/ST/ZIP/CO: GLOUCESTER, VA 23061 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |

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| NAME: | CONNIE NUTTER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 276 BETHEL GRANGE RD. | | |
| CITY/ST/ZIP/CO: | WINCHESTER, VA 22603 | | |
| NAME: | MARYLOU TAYLOR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1400 PINE BARK DR. | | |
| CITY/ST/ZIP/CO: | CHEASAPEAKE, VA 23322 | | |
| NAME: | CRAIG WITTMAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 417 FLAX MILL DR. | | |
| CITY/ST/ZIP/CO: | CHESAPEAKE, VA 23322 | | |
| NAME: | CAROLYN WOOD | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 4436 SEGOVIA CT. | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23462 | | |
| NAME: | Kim Hartzler | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 11111 Stilton Dr. | | |
| CITY/ST/ZIP/CO: | Chester, VA 23831 | | |
| NAME: | Sue Eller | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 23603 Mountain City Rd. | | |
| CITY/ST/ZIP/CO: | Damascus , VA 24236 | | |
| NAME: | Becky Graser | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO Box 544 | | |
| CITY/ST/ZIP/CO: | Warsaw, VA 22572 | | |
| NAME: | James Reinhard, MD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 213 N. Broad St. | | |
| CITY/ST/ZIP/CO: | Salem, VA 24153 | | |
| NAME: | Debbie Veale | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 126 Lake One Dr. | | |
| CITY/ST/ZIP/CO: | Hampton , VA 23666 | | |
| NAME: | Mary Zirkle | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 646 Whissens Ridge Rd. | | |
| CITY/ST/ZIP/CO: | Winchester, VA 22601 | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ BARBARA COLLINS | BARBARA COLLINS, PRESIDENT | 4/22/2014 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |